



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Underground Storage Tank (UST) Program
UST - Change of Tank Status Module

MassDEP Facility Account # _____

DFS Facility ID # (if known) _____

Check off desired registration(s). Complete ONLY the appropriate subsection(s) and submit this form with the Cover Sheet/Certification Form.

- | | |
|--|--|
| <input type="checkbox"/> UST Temporarily Out of Use (Section 1.1) | <input type="checkbox"/> UST Returning To In Use (Section 1.2) |
| <input type="checkbox"/> Prior Notification of UST Permanent Closure (Section 1.3) | <input type="checkbox"/> Registration of UST Permanent Closure (Section 1.4) |
| | <input type="checkbox"/> Permanent Closure of Abandoned Tank (Section 1.5) |

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Legal Owner Of UST(s)

a. Individual/Organization Name _____

b. Contact Name _____

c. Address 1 – Note: Enter mailing address of the Owner. _____

d. City/Town _____

e. Business Phone Number _____

B. Facility Information

a. Facility Name _____

b. Address 1 – Note: Enter physical street billing address (no P.O. boxes). _____

c. City/Town _____

C. USTs Requiring Change in Status

Notes:
• Complete appropriate subsection below as needed for each UST.
• Make additional copies as needed.
• If tank is not registered and is In Use, submit UST Registration Form.

1.0 Registering New UST Status				
	UST ID: _____	UST ID: _____	UST ID: _____	UST ID: _____
a. Indicate new UST status (<i>check all that apply</i>):				
Temporarily Out of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returning to 'In Use'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Notification for Permanent Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Registration for Permanently Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Previously Registered/Abandoned Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue to next page ►



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C. USTs Requiring Change in Status (continued)

Note: Single-wall tanks taken temporarily out of service must be returned to use or removed within 6 months of TOS date. Double-wall tanks must be returned to use or removed within 24 months of TOS date.

1.1 Temporarily Out of Service (TOS)				
	UST ID: _____	UST ID: _____	UST ID: _____	UST ID: _____
a. Date UST taken out of service? (MM/DD/YYYY)				
b. Is corrosion protection operational? (check N/A for non-metallic tanks)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Are the tank and piping empty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Was tank rendered inert?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Has all regulated substance, removed from the UST, been managed in accordance with applicable regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is the fill pipe locked/secured to prevent access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Have you notified the local fire department of your decision to take this UST temporarily out of service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1.2 Temporarily Closed UST Returning to "In Use"				
	UST ID: _____	UST ID: _____	UST ID: _____	UST ID: _____
a. Date of return to "In Use" status (MM/DD/YYYY)				
b. Have you notified the local fire department of your decision to return this UST to service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Date of notification (MM/DD/YYYY)				
d. Only if requested by the local fire department, was a tightness test performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Date of passing tightness test (MM/DD/YYYY)				
f. Name of testing company				

Continue to next page ►



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C. USTs Requiring Change in Status (continued)

1.3 Prior Notification of Intent to Remove or Permanently Close in Place an UST				
	UST ID: _____	UST ID: _____	UST ID: _____	UST ID: _____
a. Anticipated date UST Removal or Closure in Place (MM/DD/YYYY)				
b. UST Capacity (Gallons)				
c. Proposed UST disposition (<i>check one</i>):				
removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
closed in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you replacing the removed tank with a new tank in same location at the facility, you must register the new tank with MassDEP.

1.4 Registration of Removed or Permanently Closed in Place UST				
	UST ID: _____	UST ID: _____	UST ID: _____	UST ID: _____
a. UST final disposition (<i>check one</i>):				
removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
closed in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. UST Capacity (Gallons)				
c. Date UST Removed or Closed in Place (MM/DD/YYYY)				
d. Closed in place only: did registered professional engineer verify removing this UST would threaten the structural integrity of a building or another UST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Closed in place only: was UST filled with appropriate material (e.g. concrete slurry mix or approved inert material)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Piping final disposition (<i>check one</i>):				
closed in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
replaced with new piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prior to tank closure in place or within 24 hours of removal of tank/piping, did you measure for presence of a release of oil or hazardous materials to the environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Name of individual/consultant who measured for presence of a release:				

Continue to next page ►



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C. USTs Requiring Change in Status (continued)

1.4 Removed or Permanently Closed in Place (continued)				
	UST ID: _____	UST ID: _____	UST ID: _____	UST ID: _____
i. Did you have a reportable release under the MCP? If Yes, answer questions j. – l.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. MassDEP Release Tracking Number				
k. Source of release or threat of release:				
Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submersible Turbine Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____				
l. Cause of release:				
Spill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____				

Note: For each abandoned tank found, answer the following questions. There will be no UST IDs

1.5 Permanent Closure of Abandoned Tank				
a. Number of abandoned tanks found:				
	Tank 1	Tank 2	Tank 3	Tank 4
b. Describe where tank(s) was found at the facility.				
c. UST final disposition (check one):				
removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
closed in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. UST Capacity (Estimated Gallons)				
e. Date UST Removed or Closed in Place (MM/DD/YYYY)				

Continue to next page ►



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C. USTs Requiring Change in Status (continued)				
1.5 Permanent Closure of Abandoned Tank (continued)				
	Tank 1	Tank 2	Tank 3	Tank 4
f. Closed in place only: did registered professional engineer verify removing this UST would threaten the structural integrity of a building or another UST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Closed in place only: was UST filled with appropriate material (e.g. concrete slurry mix or approved inert material)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No